

COMPLAINT FORM

ALLEGATION OF STATE CONTRACTOR UTILIZING THE SERVICES OF ILLEGAL IMMIGRANTS IN THE PERFORMANCE OF A STATE CONTRACT

To file a complaint, please print the form below, complete, and mail to:

Tennessee Department of Finance and Administration The Office of Audit and Consulting Services William R. Snodgrass Tennessee Tower 312 8th Avenue, North, 12th Floor Nashville, TN 37243-1700

PERSON ALLEGING COMPLAINT:

Name	Home Phone	Work Phone	
Address:			
City:	State / Zip Code:	County:	
	SON OR ENTITY ("CONTRACTOR") V		
	AGENCY OR POLITICAL SUBDIVISIO		
COMPLAINT IS BROUGHT	(LIMIT ONE PERSON/ENTITY PER FO	<u> </u>	
Name	Home Phone	Work Phone	
Address:			
City:	State / Zip Code:	County:	
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IE KNOWN NAME OF STAT	ΓΕ AGENCY OR POLITICAL SUBDIVI	CION THAT ALLECEDLY HAS	
	VED A PUBLIC CONTRACT WITH CO		
	OR CONTRACTED WITH AN ILLEGA		
EXECUTIVE ORDER 41 AND	D PUBLIC CHAPTER 878 (2006) or TCA	<u> </u>	
Name	Home Phone	Work Phone	
Address:			
City:	State / Zip Code:	County:	
- 5			
LOCATION WITERE GER	THERE AND OD WORK IS DEDUC	DEDECRISED IN THAT I THAN A	
	VICES AND/OR WORK IS BEING		
EXECUTIVE ORDER 41 AN	D PUBLIC CHAPTER 878 (2006) or TCA	<u>A 12-4-1:</u>	
Address:			
City:	State / Zim Code.	County:	

STATE LAW

The state or other state entities shall not contract to acquire goods or services from any person who knowingly utilizes the services of illegal immigrants in the performance of a contract for goods or services entered into with the state or a state entity. No person may contract to supply goods or services to the state or other state entities if that person knowingly utilizes the services of illegal immigrants in the performance of a contract to supply goods or services entered into with the state or a state entity. Public Chapter 878 (2006) or Tennessee Code Annotated, Title 12, Chapter 4, Part 1.

DETAILS OF THE COMPLAINT:

OF YOUR COMPLAINT, INCLU				
PLEASE INCLUDE RELEVANT	DATES AND TIM	ES AND THE N	NAMES AND A	DDRESSES OF OTHER
PERSONS WHOM YOU BELIEV	E HAVE KNOWLED	GE OF THE FAC	CTS. ALSO, GIVE	E ANY REASONS THAT
YOU FEEL THE ALLEGED VIC	DLATION WAS COM	MITTED BY TH	E PERSON AND	OOR ENTITY AGAINST
WHOM THIS COMPLAINT IS BE	ROUGHT.			
Check here if additional	pages are attached.			
IF YOUR COMPLAINT IS ABO	DIT AN ALLEGED	VIOLATION OF	STATE LAW	VOU MUST SIGN THE
FOLLOWING:	JOT ANY MEDICAL	VIOLATION OI	DITTLE LITTY	TOC WEST STON THE
I de des de				
I declare that the foregoing is true a	ind correct.			
Executed on		at		,
	Date)		(City)	(State)

Signature of Person Filing Complaint